

SPECIAL INTEREST COMMITTEE REGISTRATION STATEMENT

STATE OF WISCONSIN GAB-1

NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

POLITICAL COMMITTEE INFORMATION

GAB ID: 0600024

(For use ONLY by Political Action Committees, Political Party Committees, Political Groups, etc.)

Name of Committee/Corporation:	Committee to Recall Scott Fitzgerald	Acronym (if any):	
Address (Number and Street):		326 Garfield St.	
City, State and Zip:		Fort Atkinson, WI 53538	
Email:		RecallFitzNow@gmail.com	
Telephone Number:		(920) 397-9749	
Sponsoring Organization Name:			
Address:			
Committee Type/Corporation:	Recall	Committee SubType:	

COMMITTEE TREASURER INFORMATION

Treasurer Name:	Compas, Lori		
Address (Number and Street):	326 Garfield St.		
City, State and Zip:	Fort Atkinson, WI 53538		
Email:	lori.compas@gmail.com	Phone:	(920) 568-9821

ADDITIONAL CONTACTS

Name	Address	Title	Email	Phone	Primary
Compas, Lori	326 Garfield St., Fort Atkinson, WI 53538	Petitioner (Recall)	lori.compas@gmail.com	(920) 568-9821	<input type="checkbox"/>

RECALL

Office	District	Branch/Seat	Support	Oppose
State Senate	State Senate, District No. 13	State Senate, District No. 13	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DEPOSITORY INFORMATION

Name of Financial Institution:	UW Credit Union	Account Number:	*****
Address (Number and Street):	326 Garfield St.		
City, State and Zip:	Fort Atkinson, WI 53538		

+ + + EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.05(2r), Stats. + + +

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.

☒ This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

☐ This registrant is no longer eligible to claim exemption.

CERTIFICATE

TREASURER

I, Compas, Lori

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

CANDIDATE

I, Committee to Recall Scott Fitzgerald

certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature _____ Candidate _____

Date _____

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS.

Report Generated On: 11/15/2011